

NEVADA FINANCIAL DISCLOSURE STATEMENT

(Attach additional sheets if necessary.)

NAME JOHN MCKENNA
 MAILING ADDRESS 4 CHARLESTON CT
 CITY, STATE, ZIP CARSON CITY NV 89701
 TELEPHONE 775 882 5301

LENGTH OF RESIDENCE IN NEVADA 16+ YEARS
 LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE 12+ YEARS
 NRS 281.571(1)(a)

List all public offices for which this financial disclosure statement is required [NRS 281.571, Subsection 1(g)]:

Public Office	Annual Compensation	Term or Date Appointed	ANNUAL all elected and appointed public officers (no later than Jan. 15 each year) NRS 281.559(1)(b) 281.561(1)(b)	CANDIDATE (no later than the 10 th day after the last day to qualify as a candidate) NRS 281.561(1)(a)	APPOINTMENT to fill unexpired term of an elected or appointed public officer (within 30 days) NRS 281.559(1)(a)
<u>SCHOOL TRUSTEE DIST #5</u>	<u>\$ NONE</u>	<u>2001-2004</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List all general sources of income for you and members of your household over 18 years of age [NRS 281.571, Subsection 1(b)]:

	Self	Household Member
<u>PROFESSIONAL FEES</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

List each creditor to whom you or a member of your household owes \$5,000 or more [except (1) debt secured by mortgage or deed of trust on real property which is not required to be listed below, and (2) debt for which a security interest in a motor vehicle for personal use was retained by seller] [NRS 281.571, Subsection 1(d)]:

	Self	Household Member
<u>NONE</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

[NRS 281.571, Subsection 1(f)]:

JOHN F. MCKENNA CPA

Specific Location

NONE

[NRS 281.571, Subsection 1(e)]:

Nonk

Date: 01 06 2004

Signature: _____

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